

TRAVEL EXPENSE CLAIMPage 1 of 2 PagesAmerican Express Card Holder ☐ YES ☐ NO

See instructions and privacy statement on page 2.

CLAIMANT'S NAME Lester A. Snow		HR PERSONNEL NUMBER		EMPLOYEE VENDOR NUMBER	
CLASSIFICATION Director		BARGAINING UNIT NUMBER	DIVISION, BRANCH, ETC. Executive		OFFICE PHONE 916-653-7007
RESIDENCE ADDRESS*		HEADQUARTERS ADDRESS 1416 Ninth Street			ROOM NUMBER 1115
CITY	STATE CA	ZIP CODE	CITY Sacramento	STATE CA	ZIP CODE 95814

(1) NORMAL WORK HOURS
9-8-80

Off

(2) PRIVATE VEHICLE LICENSE NUMBERS

(3) EXCESS LODGING APPROVAL (STD 255c)

☐ YES ☐ NO(4) MILEAGE CLAIM RATE
\$0.550(5) TOTAL MILES CLAIMED
0

(6) MONTH/YEAR		(8) LOCATION/ PURPOSE OF TRIP FOR EXPENSES INCURRED	(9) LODGING	(10) MEALS			(11) INCI- DENTALS	(12) TRANSPORTATION					(13) BUSINESS EXPENSE	(14) TOTAL EXPENSES FOR DAY
(7) DATE	TIME			BREAK- FAST	LUNCH	O.T. L/T N/C RELO. OR DINNER		(A) TYPE USED	(B) HOW PAID	(C) COST OF TRANS	(D) PRIVATE CAR USE		(E) CARFARE, TOLLS, PARKING	
											MILES	AMOUNT		
Mar-Apr 2009														
3/30	7am	Washington DC	353.80		10.00	18.00	6.00					0.00	20.00	\$407.80
3/31		Washington DC	353.80	6.00	10.00	18.00	6.00					0.00		\$393.80
4/1	10:30p m	Sacramento CA		6.00	10.00	18.00						0.00	59.00	\$93.00
												0.00		\$0.00
												0.00		\$0.00
												0.00		\$0.00
												0.00		\$0.00
												0.00		\$0.00
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												0.00		\$0.00
												0.00		\$0.00
												0.00		\$0.00
												0.00		\$0.00
SUBTOTALS			\$707.60	\$12.00	\$30.00	\$54.00	\$12.00			\$0.00		\$0.00	\$79.00	\$894.60

(15) COST OBJECT	AMOUNT	REMARKS AND DETAILS (Attach receipts/vouchers when required)	CLAIM TOTAL
30100000	\$894.60	At the request of the Governor's office, Director Snow travelled with Secretary Chrisman to testify at the Committee on Natural Resources' hearing on CA Drought. Similar hotels in the area were \$50 or more per night than the Phoenix Park Hotel.	\$894.60
(16) TOTAL	\$894.60		

(17) I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the State of California and that all items shown were for official State business. I also certify that if a privately-owned vehicle was used, I have met the insurance requirements in accordance with DAM 4131 (SAM 0754) and a DWR 4107 is on file, and that the actual cost of operating the vehicle was equal to or greater than the rate claimed for mileage rates exceeding the minimum amount permitted by the IRS, DPA rules, or the appropriate MOU.

SIGNATURE OF CLAIMANT	DATE	(18) SIGNATURE OF OFFICER APPROVING PAYMENT	DATE
(19) SIGNATURE OF AUTHORITY FOR SPECIAL EXPENSES	DATE	FOR ACCOUNTING USE ONLY	
TITLE		REVOLVING FUND CHECK NUMBER/CHECK DATE	
		TRIP NUMBER	

NCR USE ONLY

DISTRIBUTION: Original and 1 copy – Payables Office; 1 to Field Administration Office; 1 to Employee